



ARIZONA HEALTH CARE
COST CONTAINMENT SYSTEM
Our first care is your health care

2009 FFS Rate Codes - Radiology

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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$185.52	\$185.52	2/1/2009
70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$129.40	\$129.40	2/1/2009
70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	\$26.28	\$26.28	2/1/2009
70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	\$29.18	\$29.18	2/1/2009
70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	\$37.19	\$37.19	2/1/2009
70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	\$32.79	\$32.79	2/1/2009
70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	\$50.68	\$50.68	2/1/2009
70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	\$45.24	\$45.24	2/1/2009
70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	\$30.60	\$30.60	2/1/2009
70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	\$41.55	\$41.55	2/1/2009
70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	\$29.89	\$29.89	2/1/2009
70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND	\$51.00	\$51.00	2/1/2009
70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	\$34.25	\$34.25	2/1/2009
70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	\$43.01	\$43.01	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	\$29.85	\$29.85	2/1/2009
70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	\$39.36	\$39.36	2/1/2009
70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	\$27.02	\$27.02	2/1/2009
70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS	\$34.66	\$34.66	2/1/2009
70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS	\$48.12	\$48.12	2/1/2009
70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	\$14.20	\$14.20	2/1/2009
70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	\$29.89	\$29.89	2/1/2009
70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	\$44.42	\$44.42	2/1/2009
70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$28.43	\$28.43	2/1/2009
70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH;	\$44.79	\$44.79	2/1/2009
70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$91.09	\$91.09	2/1/2009
70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT(S)	\$365.34	\$365.34	2/1/2009
70350	CEPHALOGram, ORTHODONTIC	\$20.80	\$20.80	2/1/2009
70355	ORTHOPANTOGRAM	\$25.53	\$25.53	2/1/2009
70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	\$25.53	\$25.53	2/1/2009
70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR	\$68.84	\$68.84	2/1/2009
70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	\$103.30	\$103.30	2/1/2009



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70373	LARYNGOGRAPHY, CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$83.03	\$83.03	2/1/2009
70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	\$35.66	\$35.66	2/1/2009
70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$94.21	\$94.21	2/1/2009
70450	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	\$218.28	\$218.28	2/1/2009
70460	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	\$277.69	\$277.69	2/1/2009
70470	COMPUTED TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$336.91	\$336.91	2/1/2009
70480	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$257.41	\$257.41	2/1/2009
70481	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$329.12	\$329.12	2/1/2009
70482	COMPUTED TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR	\$376.49	\$376.49	2/1/2009
70486	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	\$243.21	\$243.21	2/1/2009
70487	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	\$317.75	\$317.75	2/1/2009
70488	COMPUTED TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$370.56	\$370.56	2/1/2009
70490	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	\$248.69	\$248.69	2/1/2009
70491	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	\$315.29	\$315.29	2/1/2009



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70492	COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY	\$370.52	\$370.52	2/1/2009
70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$470.02	\$470.02	2/1/2009
70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S), INCLUDING NON	\$470.58	\$470.58	2/1/2009
70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTR	\$450.83	\$450.83	2/1/2009
70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITH CONTRAST	\$454.22	\$454.22	2/1/2009
70543	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK; WITHOUT	\$792.73	\$792.73	2/1/2009
70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	\$455.12	\$455.12	2/1/2009
70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	\$480.16	\$480.16	2/1/2009
70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$761.17	\$761.17	2/1/2009
70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)	\$454.75	\$454.75	2/1/2009
70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)	\$484.22	\$484.22	2/1/2009
70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY	\$760.98	\$760.98	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$461.64	\$461.64	2/1/2009
70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH	\$539.38	\$539.38	2/1/2009
70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT	\$808.01	\$808.01	2/1/2009
70554	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	\$661.73	\$661.73	2/1/2009
70555	MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHO	BR	BR	1/1/2007
70557	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	BR	BR	1/1/2004
70558	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	BR	BR	1/1/2004
70559	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL	BR	BR	1/1/2004
71010	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW, FRONTAL	\$24.44	\$24.44	2/1/2009
71015	RADIOLOGIC EXAMINATION, CHEST; STEREO, FRONTAL	\$28.84	\$28.84	2/1/2009
71020	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL;	\$31.71	\$31.71	2/1/2009
71021	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH APICAL	\$39.02	\$39.02	2/1/2009
71022	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH OBLIQUE	\$43.42	\$43.42	2/1/2009



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71023	RADIOLOGIC EXAMINATION, CHEST, TWO VIEWS, FRONTAL AND LATERAL; WITH FLUOROSCOPY	\$59.07	\$59.07	2/1/2009
71030	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS;	\$44.87	\$44.87	2/1/2009
71034	RADIOLOGIC EXAMINATION, CHEST, COMPLETE, MINIMUM OF FOUR VIEWS; WITH FLUOROSCOPY	\$85.98	\$85.98	2/1/2009
71035	RADIOLOGIC EXAMINATION, CHEST, SPECIAL VIEWS (EG, LATERAL DECUBITUS, BUCKY	\$31.71	\$31.71	2/1/2009
71040	BRONCHOGRAPHY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$90.08	\$90.08	2/1/2009
71060	BRONCHOGRAPHY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$130.82	\$130.82	2/1/2009
71090	INSERTION PACEMAKER, FLUOROSCOPY AND RADIOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$91.94	\$91.94	2/1/2009
71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	\$31.71	\$31.71	2/1/2009
71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST,	\$38.31	\$38.31	2/1/2009
71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	\$40.85	\$40.85	2/1/2009
71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST,	\$50.31	\$50.31	2/1/2009
71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	\$33.16	\$33.16	2/1/2009
71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	\$36.45	\$36.45	2/1/2009
71250	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	\$260.43	\$260.43	2/1/2009
71260	COMPUTED TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	\$328.78	\$328.78	2/1/2009



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71270	COMPUTED TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$394.07	\$394.07	2/1/2009
71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST (NONCORONARY), WITH CONTRAST MATERIAL(S)	\$475.50	\$475.50	2/1/2009
71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$395.30	\$395.30	2/1/2009
71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$458.99	\$458.99	2/1/2009
71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND	\$606.13	\$606.13	2/1/2009
71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHEST (EXCLUDING MYOCARDIUM), WITH OR WITHOUT	\$463.24	\$463.24	2/1/2009
72010	RADIOLOGIC EXAMINATION, SPINE, ENTIRE, SURVEY STUDY, ANTEROPOSTERIOR AND LATERAL	\$63.47	\$63.47	2/1/2009
72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	\$22.96	\$22.96	2/1/2009
72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; TWO OR THREE VIEWS	\$35.00	\$35.00	2/1/2009
72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	\$49.94	\$49.94	2/1/2009
72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND	\$62.68	\$62.68	2/1/2009
72069	RADIOLOGIC EXAMINATION, SPINE, THORACOLUMBAR, STANDING (SCOLIOSIS)	\$32.13	\$32.13	2/1/2009
72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS	\$33.54	\$33.54	2/1/2009
72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, THREE VIEWS	\$37.53	\$37.53	2/1/2009
72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, MINIMUM OF FOUR VIEWS	\$44.42	\$44.42	2/1/2009



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72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, TWO VIEWS	\$34.62	\$34.62	2/1/2009
72090	RADIOLOGIC EXAMINATION, SPINE; SCOLIOSIS STUDY, INCLUDING SUPINE AND ERECT	\$43.42	\$43.42	2/1/2009
72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO OR THREE VIEWS	\$36.82	\$36.82	2/1/2009
72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS	\$51.40	\$51.40	2/1/2009
72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	\$66.67	\$66.67	2/1/2009
72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR	\$46.21	\$46.21	2/1/2009
72125	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	\$260.43	\$260.43	2/1/2009
72126	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	\$327.70	\$327.70	2/1/2009
72127	COMPUTED TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$369.55	\$369.55	2/1/2009
72128	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	\$260.43	\$260.43	2/1/2009
72129	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	\$320.92	\$320.92	2/1/2009
72130	COMPUTED TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$369.55	\$369.55	2/1/2009
72131	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	\$260.43	\$260.43	2/1/2009
72132	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	\$320.54	\$320.54	2/1/2009



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72133	COMPUTED TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$369.55	\$369.55	2/1/2009
72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$458.43	\$458.43	2/1/2009
72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL;	\$545.79	\$545.79	2/1/2009
72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$476.62	\$476.62	2/1/2009
72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC;	\$467.98	\$467.98	2/1/2009
72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$471.30	\$471.30	2/1/2009
72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR;	\$539.57	\$539.57	2/1/2009
72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$816.35	\$816.35	2/1/2009
72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$808.91	\$808.91	2/1/2009
72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT	\$806.52	\$806.52	2/1/2009
72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT	\$586.53	\$586.53	2/1/2009
72170	RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS	\$26.28	\$26.28	2/1/2009
72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	\$37.15	\$37.15	2/1/2009
72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING N	\$463.84	\$463.84	2/1/2009



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72192	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	\$255.55	\$255.55	2/1/2009
72193	COMPUTED TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	\$320.17	\$320.17	2/1/2009
72194	COMPUTED TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$380.99	\$380.99	2/1/2009
72195	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	\$457.87	\$457.87	2/1/2009
72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITH CONTRAST MATERIAL(S)	\$459.33	\$459.33	2/1/2009
72197	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S),	\$799.81	\$799.81	2/1/2009
72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$504.42	\$504.42	2/1/2009
72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	\$28.06	\$28.06	2/1/2009
72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	\$33.88	\$33.88	2/1/2009
72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	\$29.52	\$29.52	2/1/2009
72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$177.99	\$177.99	2/1/2009
72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$163.53	\$163.53	2/1/2009
72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$160.92	\$160.92	2/1/2009
72270	MYELOGRAPHY, TWO OR MORE REGIONS (EG, LUMBAR/THORACIC, CERVICAL/ THORACIC,	\$248.69	\$248.69	2/1/2009
72275	EPIDUROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$107.45	\$107.45	2/1/2009



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72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$240.42	\$240.42	2/1/2009
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERT	\$74.43	\$74.43	2/1/2009
72292	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY OR VERT	\$88.01	\$88.01	2/1/2009
72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$217.68	\$217.68	2/1/2009
73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	\$26.61	\$26.61	2/1/2009
73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	\$27.73	\$27.73	2/1/2009
73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	\$23.33	\$23.33	2/1/2009
73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	\$29.52	\$29.52	2/1/2009
73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$105.24	\$105.24	2/1/2009
73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT	\$35.00	\$35.00	2/1/2009
73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	\$29.15	\$29.15	2/1/2009
73070	RADIOLOGIC EXAMINATION, ELBOW; TWO VIEWS	\$26.24	\$26.24	2/1/2009
73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	\$32.42	\$32.42	2/1/2009
73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$97.97	\$97.97	2/1/2009
73090	RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS	\$26.61	\$26.61	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$26.61	\$26.61	2/1/2009
73100	RADIOLOGIC EXAMINATION, WRIST; TWO VIEWS	\$26.98	\$26.98	2/1/2009
73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	\$31.34	\$31.34	2/1/2009
73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$96.19	\$96.19	2/1/2009
73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	\$26.24	\$26.24	2/1/2009
73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	\$29.52	\$29.52	2/1/2009
73140	RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS	\$25.87	\$25.87	2/1/2009
73200	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$242.92	\$242.92	2/1/2009
73201	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$308.54	\$308.54	2/1/2009
73202	COMPUTED TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$367.61	\$367.61	2/1/2009
73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$398.43	\$398.43	2/1/2009
73218	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$453.22	\$453.22	2/1/2009
73219	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$454.22	\$454.22	2/1/2009
73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT;	\$794.18	\$794.18	2/1/2009
73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$448.41	\$448.41	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
73222	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITH	\$522.09	\$522.09	2/1/2009
73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT	\$787.70	\$787.70	2/1/2009
73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST	\$558.91	\$558.91	2/1/2009
73500	RADIOLOGIC EXAMINATION, HIP; UNILATERAL, ONE VIEW	\$25.16	\$25.16	2/1/2009
73510	RADIOLOGIC EXAMINATION, HIP, UNILATERAL; COMPLETE, MINIMUM OF TWO VIEWS	\$34.25	\$34.25	2/1/2009
73520	RADIOLOGIC EXAMINATION, HIPS, BILATERAL, MINIMUM OF TWO VIEWS OF EACH HIP,	\$38.31	\$38.31	2/1/2009
73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$97.97	\$97.97	2/1/2009
73530	RADIOLOGIC EXAMINATION, HIP, DURING OPERATIVE PROCEDURE	\$33.73	\$33.73	2/1/2009
73540	RADIOLOGIC EXAMINATION, PELVIS AND HIPS, INFANT OR CHILD, MINIMUM OF TWO VIEWS	\$34.62	\$34.62	2/1/2009
73542	RADIOLOGICAL EXAMINATION, SACROILIAC JOINT ARTHROGRAPHY, RADIOLOGICAL	\$86.38	\$86.38	2/1/2009
73550	RADIOLOGIC EXAMINATION, FEMUR, TWO VIEWS	\$28.78	\$28.78	2/1/2009
73560	RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS	\$27.73	\$27.73	2/1/2009
73562	RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS	\$32.42	\$32.42	2/1/2009
73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS	\$36.82	\$36.82	2/1/2009
73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	\$28.43	\$28.43	2/1/2009
73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$121.19	\$121.19	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS	\$26.98	\$26.98	2/1/2009
73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	\$26.61	\$26.61	2/1/2009
73600	RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS	\$26.24	\$26.24	2/1/2009
73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	\$29.52	\$29.52	2/1/2009
73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND	\$100.88	\$100.88	2/1/2009
73620	RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS	\$25.90	\$25.90	2/1/2009
73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	\$29.52	\$29.52	2/1/2009
73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	\$25.53	\$25.53	2/1/2009
73660	RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS	\$25.12	\$25.12	2/1/2009
73700	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	\$242.92	\$242.92	2/1/2009
73701	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	\$309.99	\$309.99	2/1/2009
73702	COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY	\$368.17	\$368.17	2/1/2009
73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITH CONTRAST MATERIAL(S), IN	\$402.90	\$402.90	2/1/2009
73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$451.39	\$451.39	2/1/2009
73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH	\$454.22	\$454.22	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT;	\$793.66	\$793.66	2/1/2009
73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$449.71	\$449.71	2/1/2009
73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH	\$523.20	\$523.20	2/1/2009
73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT	\$787.70	\$787.70	2/1/2009
73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST	\$463.28	\$463.28	2/1/2009
74000	RADIOLOGIC EXAMINATION, ABDOMEN; SINGLE ANTEROPOSTERIOR VIEW	\$25.90	\$25.90	2/1/2009
74010	RADIOLOGIC EXAMINATION, ABDOMEN; ANTEROPOSTERIOR AND ADDITIONAL OBLIQUE AND	\$35.37	\$35.37	2/1/2009
74020	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE, INCLUDING DECUBITUS AND/OR ERECT	\$38.31	\$38.31	2/1/2009
74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING	\$45.58	\$45.58	2/1/2009
74150	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	\$256.48	\$256.48	2/1/2009
74160	COMPUTED TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$331.09	\$331.09	2/1/2009
74170	COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST	\$398.66	\$398.66	2/1/2009
74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING	\$471.63	\$471.63	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)	\$449.16	\$449.16	2/1/2009
74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	\$541.43	\$541.43	2/1/2009
74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S),	\$800.00	\$800.00	2/1/2009
74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	\$504.61	\$504.61	2/1/2009
74190	PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL	\$73.25	\$73.25	2/1/2009
74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	\$70.66	\$70.66	2/1/2009
74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	\$79.12	\$79.12	2/1/2009
74230	SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPHY	\$83.14	\$83.14	2/1/2009
74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER,	\$156.52	\$156.52	2/1/2009
74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	\$99.25	\$99.25	2/1/2009
74241	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED	\$104.31	\$104.31	2/1/2009
74245	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL INTESTINE,	\$156.38	\$156.38	2/1/2009
74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$112.29	\$112.29	2/1/2009
74247	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$112.81	\$112.81	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
74249	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH	\$167.26	\$167.26	2/1/2009
74250	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS;	\$90.00	\$90.00	2/1/2009
74251	RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL FILMS; VIA	\$167.60	\$167.60	2/1/2009
74260	DUODENOGRAPHY, HYPOTONIC	\$107.52	\$107.52	2/1/2009
74270	RADIOLOGIC EXAMINATION, COLON; CONTRAST (EG, BARIUM) ENEMA, WITH OR WITHOUT KUB	\$115.05	\$115.05	2/1/2009
74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM,	\$174.60	\$174.60	2/1/2009
74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER	\$177.58	\$177.58	2/1/2009
74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	\$56.50	\$56.50	2/1/2009
74291	CHOLECYSTOGRAPHY, ORAL CONTRAST; ADDITIONAL OR REPEAT EXAMINATION OR MULTIPLE	\$44.83	\$44.83	2/1/2009
74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL	\$17.68	\$17.68	2/1/2009
74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE,	\$10.74	\$10.74	2/1/2009
74305	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; THROUGH EXISTING CATHETER, RADIOLOGICAL	\$50.67	\$50.67	2/1/2009
74320	CHOLANGIOGRAPHY, PERCUTANEOUS, TRANSHEPATIC, RADIOLOGICAL SUPERVISION AND	\$123.73	\$123.73	2/1/2009
74327	POSTOPERATIVE BILIARY DUCT CALCULUS REMOVAL, PERCUTANEOUS VIA T-TUBE TRACT,	\$118.10	\$118.10	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL	\$153.98	\$153.98	2/1/2009
74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL	\$153.05	\$153.05	2/1/2009
74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL	\$163.70	\$163.70	2/1/2009
74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING	\$125.96	\$125.96	2/1/2009
74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND	\$136.76	\$136.76	2/1/2009
74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS),	\$146.40	\$146.40	2/1/2009
74363	PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT	\$273.06	\$273.06	2/1/2009
74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOG	\$101.22	\$101.22	2/1/2009
74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	\$107.78	\$107.78	2/1/2009
74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH	\$121.94	\$121.94	2/1/2009
74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	\$117.33	\$117.33	2/1/2009
74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL	\$67.50	\$67.50	2/1/2009
74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$69.91	\$69.91	2/1/2009
74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$76.14	\$76.14	2/1/2009



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74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$99.62	\$99.62	2/1/2009
74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$71.80	\$71.80	2/1/2009
74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$85.49	\$85.49	2/1/2009
74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION,	\$73.98	\$73.98	2/1/2009
74475	INTRODUCTION OF INTRACATHETER OR CATHETER INTO RENAL PELVIS FOR DRAINAGE AND/OR	\$142.18	\$142.18	2/1/2009
74480	INTRODUCTION OF URETERAL CATHETER OR STENT INTO URETER THROUGH RENAL PELVIS FOR	\$142.18	\$142.18	2/1/2009
74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND	\$126.60	\$126.60	2/1/2009
74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	\$46.66	\$46.66	2/1/2009
74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$73.57	\$73.57	2/1/2009
74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	\$86.20	\$86.20	2/1/2009
75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$441.51	\$441.51	2/1/2009
75558	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$572.89	\$572.89	2/1/2009
75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$473.60	\$473.60	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
75560	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$745.18	\$745.18	2/1/2009
75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$626.85	\$626.85	2/1/2009
75562	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$739.21	\$739.21	2/1/2009
75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$652.82	\$652.82	2/1/2009
75564	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST	\$869.06	\$869.06	2/1/2009
75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTER	\$388.97	\$388.97	2/1/2009
75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$362.55	\$362.55	2/1/2009
75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$358.89	\$358.89	2/1/2009
75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY	\$405.11	\$405.11	2/1/2009
75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWE	\$551.53	\$551.53	2/1/2009
75650	ANGIOGRAPHY, CERVICOCEREBRAL, CATHETER, INCLUDING VESSEL ORIGIN, RADIOLOGICAL	\$375.89	\$375.89	2/1/2009
75658	ANGIOGRAPHY, BRACHIAL, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$373.58	\$373.58	2/1/2009
75660	ANGIOGRAPHY, EXTERNAL CAROTID, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION	\$375.40	\$375.40	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
75662	ANGIOGRAPHY, EXTERNAL CAROTID, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION	\$410.21	\$410.21	2/1/2009
75665	ANGIOGRAPHY, CAROTID, CEREBRAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$380.44	\$380.44	2/1/2009
75671	ANGIOGRAPHY, CAROTID, CEREBRAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$411.29	\$411.29	2/1/2009
75676	ANGIOGRAPHY, CAROTID, CERVICAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$375.36	\$375.36	2/1/2009
75680	ANGIOGRAPHY, CAROTID, CERVICAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$402.20	\$402.20	2/1/2009
75685	ANGIOGRAPHY, VERTEBRAL, CERVICAL, AND/OR INTRACRANIAL, RADIOLOGICAL SUPERVISION	\$375.40	\$375.40	2/1/2009
75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$416.70	\$416.70	2/1/2009
75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$370.52	\$370.52	2/1/2009
75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$394.26	\$394.26	2/1/2009
75722	ANGIOGRAPHY, RENAL, UNILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	\$367.98	\$367.98	2/1/2009
75724	ANGIOGRAPHY, RENAL, BILATERAL, SELECTIVE (INCLUDING FLUSH AORTOGRAM),	\$405.70	\$405.70	2/1/2009
75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH	\$365.83	\$365.83	2/1/2009
75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$372.34	\$372.34	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$404.10	\$404.10	2/1/2009
75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND	\$368.73	\$368.73	2/1/2009
75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$362.32	\$362.32	2/1/2009
75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$383.31	\$383.31	2/1/2009
75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION,	\$361.84	\$361.84	2/1/2009
75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$377.45	\$377.45	2/1/2009
75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION,	\$312.20	\$312.20	2/1/2009
75790	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG, DIALYSIS PATIENT), RADIOLOGICAL	\$158.61	\$158.61	2/1/2009
75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTER	\$246.97	\$246.97	2/1/2009
75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$262.71	\$262.71	2/1/2009
75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND	\$272.00	\$272.00	2/1/2009
75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND	\$287.07	\$287.07	2/1/2009
75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT	\$73.68	\$73.68	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
75810	SPLENOPTOGRAM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$532.63	\$532.63	2/1/2009
75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$102.19	\$102.19	2/1/2009
75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$130.03	\$130.03	2/1/2009
75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$351.62	\$351.62	2/1/2009
75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND	\$351.29	\$351.29	2/1/2009
75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$353.08	\$353.08	2/1/2009
75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$379.51	\$379.51	2/1/2009
75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$352.34	\$352.34	2/1/2009
75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND	\$379.88	\$379.88	2/1/2009
75860	VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR,	\$359.30	\$359.30	2/1/2009
75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$357.81	\$357.81	2/1/2009
75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$374.40	\$374.40	2/1/2009
75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$106.18	\$106.18	2/1/2009



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75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$367.50	\$367.50	2/1/2009
75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION,	\$371.86	\$371.86	2/1/2009
75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL	\$353.45	\$353.45	2/1/2009
75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION,	\$353.12	\$353.12	2/1/2009
75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR	\$325.76	\$325.76	2/1/2009
75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND IN	\$978.78	\$978.78	2/1/2009
75896	TRANSCATHETER THERAPY, INFUSION, ANY METHOD (EG, THROMBOLYSIS OTHER THAN	\$859.28	\$859.28	2/1/2009
75898	ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER	\$121.55	\$121.55	2/1/2009
75900	EXCHANGE OF A PREVIOUSLY PLACED INTRAVASCULAR CATHETER DURING THROMBOLYTIC THERA	\$811.47	\$811.47	2/1/2009
75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH)	\$147.77	\$147.77	2/1/2009
75902	MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM	\$97.91	\$97.91	2/1/2009
75940	PERCUTANEOUS PLACEMENT OF IVC FILTER, RADIOLOGICAL SUPERVISION AND	\$503.86	\$503.86	2/1/2009
75945	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND	\$193.39	\$193.39	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
75946	INTRAVASCULAR ULTRASOUND (NON-CORONARY VESSEL), RADIOLOGICAL SUPERVISION AND	\$107.69	\$107.69	2/1/2009
75952	ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC ANEURYSM OR DISSECTION,	\$229.62	\$229.62	2/1/2009
75953	PLACEMENT OF PROXIMAL OR DISTAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF	\$96.83	\$96.83	2/1/2009
75954	ENDOVASCULAR REPAIR OF ILIAC ARTERY ANEURYSM, PSEUDOANEURYSM, ARTERIOVENOUS	BR	BR	1/1/2003
75956	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	BR	BR	1/1/2006
75957	ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM,	BR	BR	1/1/2006
75958	PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING	BR	BR	1/1/2006
75959	PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR	BR	BR	1/1/2006
75960	TRANSCATHETER INTRODUCTION OF INTRAVASCULAR STENT(S), (EXCEPT CORONARY,	\$380.66	\$380.66	2/1/2009
75961	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (EG,	\$465.70	\$465.70	2/1/2009
75962	TRANSLUMINAL BALLOON ANGIOPLASTY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION	\$401.08	\$401.08	2/1/2009
75964	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL PERIPHERAL ARTERY,	\$225.28	\$225.28	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
75966	TRANSLUMINAL BALLOON ANGIOPLASTY, RENAL OR OTHER VISCERAL ARTERY, RADIOLOGICAL	\$444.16	\$444.16	2/1/2009
75968	TRANSLUMINAL BALLOON ANGIOPLASTY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL	\$226.03	\$226.03	2/1/2009
75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$477.74	\$477.74	2/1/2009
75978	TRANSLUMINAL BALLOON ANGIOPLASTY, VENOUS (EG, SUBCLAVIAN STENOSIS),	\$396.39	\$396.39	2/1/2009
75980	PERCUTANEOUS TRANSHEPATIC BILIARY DRAINAGE WITH CONTRAST MONITORING,	\$276.03	\$276.03	2/1/2009
75982	PERCUTANEOUS PLACEMENT OF DRAINAGE CATHETER FOR COMBINED INTERNAL AND EXTERNAL	\$300.32	\$300.32	2/1/2009
75984	CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, G	\$109.75	\$109.75	2/1/2009
75989	RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY),	\$152.16	\$152.16	2/1/2009
75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL ARTERY, RADIOLOGICAL SUPERVISION AND INTERP	\$623.26	\$623.26	2/1/2009
75993	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL PERIPHERAL ARTERY, RADIOLOGICAL	\$332.77	\$332.77	2/1/2009
75994	TRANSLUMINAL ATHERECTOMY, RENAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$657.52	\$657.52	2/1/2009
75995	TRANSLUMINAL ATHERECTOMY, VISCERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	\$656.74	\$656.74	2/1/2009
75996	TRANSLUMINAL ATHERECTOMY, EACH ADDITIONAL VISCERAL ARTERY, RADIOLOGICAL	\$332.23	\$332.23	2/1/2009



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76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN	\$83.22	\$83.22	2/1/2009
76001	FLUOROSCOPY, PHYSICIAN TIME MORE THAN ONE HOUR, ASSISTING A NON-RADIOLOGIC	\$133.22	\$133.22	2/1/2009
76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIEW, CHILD	\$27.35	\$27.35	2/1/2009
76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL	\$62.83	\$62.83	2/1/2009
76098	RADIOLOGICAL EXAMINATION, SURGICAL SPECIMEN	\$20.43	\$20.43	2/1/2009
76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN	\$97.72	\$97.72	2/1/2009
76101	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$151.46	\$151.46	2/1/2009
76102	RADIOLOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG,	\$189.25	\$189.25	2/1/2009
76120	CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	\$70.70	\$70.70	2/1/2009
76125	CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST	\$43.10	\$43.10	2/1/2009
76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	\$25.94	\$25.94	2/1/2009
76150	XERORADIOGRAPHY	\$20.68	\$20.68	2/1/2009
76350	SUBTRACTION IN CONJUNCTION WITH CONTRAST STUDIES	\$15.56	\$15.56	2/1/2009
76376	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$99.21	\$99.21	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
76377	3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC	\$132.00	\$132.00	2/1/2009
76380	COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	\$141.54	\$141.54	2/1/2009
76390	MAGNETIC RESONANCE SPECTROSCOPY	\$448.93	\$448.93	2/1/2009
76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	BR	BR	1/1/2003
76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	BR	BR	1/1/2003
76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	BR	BR	1/1/2003
76499	UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE	BR	BR	10/1/1982
76506	ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERM	\$93.17	\$93.17	2/1/2009
76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED	\$146.83	\$146.83	2/1/2009
76511	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY	\$103.08	\$103.08	2/1/2009
76512	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED	\$96.52	\$96.52	2/1/2009
76513	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION	\$86.50	\$86.50	2/1/2009
76514	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	\$11.74	\$11.74	2/1/2009
76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	\$68.28	\$68.28	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A- SCAN; WITH INTRAOCULAR LENS	\$72.27	\$72.27	2/1/2009
76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	\$67.91	\$67.91	2/1/2009
76536	ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), R	\$99.50	\$99.50	2/1/2009
76604	ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMENTATION	\$81.36	\$81.36	2/1/2009
76645	ULTRASOUND, BREAST(S) (UNILATERAL OR BILATERAL), REAL TIME WITH IMAGE DOCUMENTAT	\$81.36	\$81.36	2/1/2009
76700	ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$127.27	\$127.27	2/1/2009
76705	ULTRASOUND, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION;	\$95.14	\$95.14	2/1/2009
76770	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCU	\$122.50	\$122.50	2/1/2009
76775	ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME	\$95.89	\$95.89	2/1/2009
76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMEN	\$132.68	\$132.68	2/1/2009
76800	ULTRASOUND, SPINAL CANAL AND CONTENTS	\$115.57	\$115.57	2/1/2009
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATER	\$127.04	\$127.04	2/1/2009
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$74.95	\$74.95	2/1/2009
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$135.58	\$135.58	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$96.34	\$96.34	2/1/2009
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$212.65	\$212.65	2/1/2009
76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	\$151.19	\$151.19	2/1/2009
76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$125.70	\$125.70	2/1/2009
76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER	\$80.84	\$80.84	2/1/2009
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG,	\$87.58	\$87.58	2/1/2009
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG,	\$95.74	\$95.74	2/1/2009
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	\$94.25	\$94.25	2/1/2009
76818	FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING	\$116.20	\$116.20	2/1/2009
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	\$93.84	\$93.84	2/1/2009
76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	\$64.51	\$64.51	2/1/2009
76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	\$96.63	\$96.63	2/1/2009
76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$171.40	\$171.40	2/1/2009
76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE	\$90.00	\$90.00	2/1/2009
76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$78.41	\$78.41	2/1/2009



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76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH	\$57.69	\$57.69	2/1/2009
76830	ULTRASOUND, TRANSVAGINAL	\$109.38	\$109.38	2/1/2009
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN	\$109.75	\$109.75	2/1/2009
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	\$109.75	\$109.75	2/1/2009
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE	\$82.70	\$82.70	2/1/2009
76870	ULTRASOUND, SCROTUM AND CONTENTS	\$108.26	\$108.26	2/1/2009
76872	ULTRASOUND, TRANSRECTAL;	\$123.13	\$123.13	2/1/2009
76873	ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT	\$164.06	\$164.06	2/1/2009
76880	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL TIME WITH IMAGE DOCUMENTATION	\$110.43	\$110.43	2/1/2009
76885	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC	\$92.02	\$92.02	2/1/2009
76886	ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC	\$87.21	\$87.21	2/1/2009
76930	ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATI	\$95.93	\$95.93	2/1/2009
76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND	\$91.95	\$91.95	2/1/2009
76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR	\$319.61	\$319.61	2/1/2009
76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF	\$34.21	\$34.21	2/1/2009



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76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$172.60	\$172.60	2/1/2009
76941	ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS,	\$125.45	\$125.45	2/1/2009
76942	ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION,	\$168.60	\$168.60	2/1/2009
76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, IMAGING SUPERVISION AND	\$90.86	\$90.86	2/1/2009
76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION	\$54.63	\$54.63	2/1/2009
76950	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$71.55	\$71.55	2/1/2009
76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	\$187.68	\$187.68	2/1/2009
76970	ULTRASOUND STUDY FOLLOW-UP (SPECIFY)	\$73.24	\$73.24	2/1/2009
76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION	\$98.84	\$98.84	2/1/2009
76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY	\$21.02	\$21.02	2/1/2009
76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	\$161.81	\$161.81	2/1/2009
76999	UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	BR	BR	10/1/1982
77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (C	\$91.71	\$91.71	2/1/2009
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, L	\$70.06	\$70.06	2/1/2009



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77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PA	\$63.58	\$63.58	2/1/2009
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	\$582.06	\$582.06	2/1/2009
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJEC	\$253.91	\$253.91	2/1/2009
77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLA	\$548.91	\$548.91	2/1/2009
77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	\$175.20	\$175.20	2/1/2009
77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT (EG, FOR BIOPSY, NEEDLE ASPIRAT	\$460.67	\$460.67	2/1/2009
77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION	\$672.68	\$672.68	2/1/2009
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT (EG, FO	\$241.91	\$241.91	2/1/2009
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR WIRE LOCALIZATION OR	\$63.92	\$63.92	2/1/2009
77051	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	\$14.20	\$14.20	2/1/2009
77052	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	\$14.20	\$14.20	2/1/2009
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTE	\$89.81	\$89.81	2/1/2009
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND I	\$121.79	\$121.79	2/1/2009



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77055	MAMMOGRAPHY; UNILATERAL	\$79.31	\$79.31	2/1/2009
77056	MAMMOGRAPHY; BILATERAL	\$100.10	\$100.10	2/1/2009
77057	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BREAST)	\$79.64	\$79.64	2/1/2009
77058	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UN	\$811.66	\$811.66	2/1/2009
77059	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BI	\$935.84	\$935.84	2/1/2009
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOGRAPHY, INCLU	\$32.95	\$32.95	2/1/2009
77072	BONE AGE STUDIES	\$22.66	\$22.66	2/1/2009
77073	BONE LENGTH STUDIES (ORTHOXEROENTGENOGRAM, SCANOGRAM)	\$39.40	\$39.40	2/1/2009
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	\$64.92	\$64.92	2/1/2009
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETO	\$92.62	\$92.62	2/1/2009
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	\$74.61	\$74.61	2/1/2009
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	\$46.66	\$46.66	2/1/2009
77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	\$80.72	\$80.72	2/1/2009
77079	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR S	\$78.94	\$78.94	2/1/2009
77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXI	\$94.25	\$94.25	2/1/2009
77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APP	\$32.79	\$32.79	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; VER	\$31.68	\$31.68	2/1/2009
77083	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHOTODENSITOMETRY, RADIOGRAMMETRY), 1 OR MORE S	\$30.23	\$30.23	2/1/2009
77084	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY	\$370.19	\$370.19	2/1/2009
77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	\$65.70	\$65.70	2/1/2009
77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	\$99.32	\$99.32	2/1/2009
77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	\$147.70	\$147.70	2/1/2009
77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	\$178.67	\$178.67	2/1/2009
77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	\$299.74	\$299.74	2/1/2009
77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	\$437.42	\$437.42	2/1/2009
77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; THREE-DIMENSIONAL	\$879.16	\$879.16	2/1/2009
77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	BR	BR	10/1/1982
77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF,	\$73.42	\$73.42	2/1/2009
77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR	\$1,926.39	\$1,926.39	2/1/2009
77305	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); SIMPLE (ONE OR	\$82.85	\$82.85	2/1/2009
77310	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); INTERMEDIATE	\$111.77	\$111.77	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
77315	TELETHERAPY, ISODOSE PLAN (WHETHER HAND OR COMPUTER CALCULATED); COMPLEX	\$153.92	\$153.92	2/1/2009
77321	SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY	\$146.83	\$146.83	2/1/2009
77326	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION MADE FROM SINGLE PLANE, ONE TO	\$139.31	\$139.31	2/1/2009
77327	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (MULTIPLANE DOSAGE CALCULATIONS,	\$199.91	\$199.91	2/1/2009
77328	BRACHYTHERAPY ISODOSE PLAN; COMPLEX (MULTIPLANE ISODOSE PLAN, VOLUME IMPLANT	\$278.81	\$278.81	2/1/2009
77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY	\$59.48	\$59.48	2/1/2009
77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	\$76.96	\$76.96	2/1/2009
77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS,	\$81.51	\$81.51	2/1/2009
77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL	\$164.21	\$164.21	2/1/2009
77336	CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT	\$80.43	\$80.43	2/1/2009
77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	\$125.11	\$125.11	2/1/2009
77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$1,098.63	\$1,098.63	2/1/2009
77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE O	\$834.10	\$834.10	2/1/2009
77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MO	\$1,555.02	\$1,555.02	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES,	BR	BR	10/1/1982
77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	\$44.54	\$44.54	2/1/2009
77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL	\$115.01	\$115.01	2/1/2009
77403	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL	\$104.50	\$104.50	2/1/2009
77404	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL	\$112.47	\$112.47	2/1/2009
77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$147.35	\$147.35	2/1/2009
77408	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$136.44	\$136.44	2/1/2009
77409	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$146.98	\$146.98	2/1/2009
77411	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS	\$146.61	\$146.61	2/1/2009
77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLO	\$170.24	\$170.24	2/1/2009
77413	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM	\$171.69	\$171.69	2/1/2009
77414	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM	\$187.31	\$187.31	2/1/2009
77416	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM	\$187.31	\$187.31	2/1/2009
77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	\$18.82	\$18.82	2/1/2009
77418	INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA	\$571.40	\$571.40	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
77421	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY O	\$123.32	\$123.32	2/1/2009
77422	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A	\$132.79	\$132.79	2/1/2009
77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH CO	\$181.13	\$181.13	2/1/2009
77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	\$171.77	\$171.77	2/1/2009
77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE	\$88.92	\$88.92	2/1/2009
77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURS	\$373.99	\$373.99	2/1/2009
77435	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE,	\$623.05	\$623.05	2/1/2009
77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION,	\$342.98	\$342.98	2/1/2009
77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	BR	BR	10/1/1982
77520	PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION	BR	BR	1/1/2000
77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	BR	BR	1/1/2001
77523	PROTON TREATMENT DELIVERY; INTERMEDIATE	BR	BR	1/1/2000
77525	PROTON TREATMENT DELIVERY; COMPLEX	BR	BR	1/1/2001
77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM	\$310.15	\$310.15	2/1/2009



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77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4	\$503.34	\$503.34	2/1/2009
77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL	\$450.05	\$450.05	2/1/2009
77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL	\$636.77	\$636.77	2/1/2009
77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	\$319.43	\$319.43	2/1/2009
77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES THREE MONTHS FOLLOW-	\$308.81	\$308.81	2/1/2009
77761	INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE	\$317.34	\$317.34	2/1/2009
77762	INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE	\$442.60	\$442.60	2/1/2009
77763	INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX	\$624.54	\$624.54	2/1/2009
77776	INTERSTITIAL RADIATION SOURCE APPLICATION; SIMPLE	\$365.64	\$365.64	2/1/2009
77777	INTERSTITIAL RADIATION SOURCE APPLICATION; INTERMEDIATE	\$531.03	\$531.03	2/1/2009
77778	INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX	\$761.62	\$761.62	2/1/2009
77785	Remote afterloading high dose rate radionuclide brachytherapy; 1 channel	\$182.19	\$182.19	2/1/2009
77786	Remote afterloading high dose rate radionuclide brachytherapy; 2 - 12 channels	\$549.95	\$549.95	2/1/2009
77787	Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels	\$817.31	\$817.31	2/1/2009
77789	SURFACE APPLICATION OF RADIATION SOURCE	\$91.65	\$91.65	2/1/2009
77790	SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE	\$78.53	\$78.53	2/1/2009
77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	BR	BR	10/1/1982



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
78000	THYROID UPTAKE; SINGLE DETERMINATION	\$61.12	\$61.12	2/1/2009
78001	THYROID UPTAKE; MULTIPLE DETERMINATIONS	\$78.60	\$78.60	2/1/2009
78003	THYROID UPTAKE; STIMULATION, SUPPRESSION OR DISCHARGE (NOT INCLUDING INITIAL	\$67.75	\$67.75	2/1/2009
78006	THYROID IMAGING, WITH UPTAKE; SINGLE DETERMINATION	\$180.41	\$180.41	2/1/2009
78007	THYROID IMAGING, WITH UPTAKE; MULTIPLE DETERMINATIONS	\$127.35	\$127.35	2/1/2009
78010	THYROID IMAGING; ONLY	\$128.76	\$128.76	2/1/2009
78011	THYROID IMAGING; WITH VASCULAR FLOW	\$145.49	\$145.49	2/1/2009
78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	\$176.17	\$176.17	2/1/2009
78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY	\$257.63	\$257.63	2/1/2009
78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	\$288.01	\$288.01	2/1/2009
78020	THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR	\$85.64	\$85.64	2/1/2009
78070	PARATHYROID IMAGING	\$178.14	\$178.14	2/1/2009
78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	\$349.69	\$349.69	2/1/2009
78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78102	BONE MARROW IMAGING; LIMITED AREA	\$139.42	\$139.42	2/1/2009
78103	BONE MARROW IMAGING; MULTIPLE AREAS	\$192.90	\$192.90	2/1/2009
78104	BONE MARROW IMAGING; WHOLE BODY	\$227.04	\$227.04	2/1/2009
78110	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE	\$66.19	\$66.19	2/1/2009



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78111	PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME- DILUTION TECHNIQUE (SEPARATE	\$99.50	\$99.50	2/1/2009
78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	\$82.85	\$82.85	2/1/2009
78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	\$110.87	\$110.87	2/1/2009
78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA	\$151.53	\$151.53	2/1/2009
78130	RED CELL SURVIVAL STUDY;	\$145.24	\$145.24	2/1/2009
78135	RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS, (EG, SPLENIC	\$281.00	\$281.00	2/1/2009
78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR	\$157.12	\$157.12	2/1/2009
78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	\$158.17	\$158.17	2/1/2009
78190	KINETICS, STUDY OF PLATELET SURVIVAL, WITH OR WITHOUT DIFFERENTIAL ORGAN/TISSUE	\$226.15	\$226.15	2/1/2009
78191	PLATELET SURVIVAL STUDY	\$235.01	\$235.01	2/1/2009
78195	LYMPHATICS AND LYMPH NODES IMAGING	\$288.38	\$288.38	2/1/2009
78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC	BR	BR	10/1/1982
78201	LIVER IMAGING; STATIC ONLY	\$149.11	\$149.11	2/1/2009
78202	LIVER IMAGING; WITH VASCULAR FLOW	\$174.97	\$174.97	2/1/2009
78205	LIVER IMAGING (SPECT);	\$242.80	\$242.80	2/1/2009
78206	LIVER IMAGING (SPECT); WITH VASCULAR FLOW	\$306.53	\$306.53	2/1/2009
78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	\$165.88	\$165.88	2/1/2009
78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	\$144.08	\$144.08	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
78220	LIVER FUNCTION STUDY WITH HEPATOBIILIARY AGENTS, WITH SERIAL IMAGES	\$149.82	\$149.82	2/1/2009
78223	HEPATOBIILIARY DUCTAL SYSTEM IMAGING, INCLUDING GALLBLADDER, WITH OR WITHOUT	\$261.99	\$261.99	2/1/2009
78230	SALIVARY GLAND IMAGING;	\$138.23	\$138.23	2/1/2009
78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	\$135.32	\$135.32	2/1/2009
78232	SALIVARY GLAND FUNCTION STUDY	\$139.98	\$139.98	2/1/2009
78258	ESOPHAGEAL MOTILITY	\$187.49	\$187.49	2/1/2009
78261	GASTRIC MUCOSA IMAGING	\$219.33	\$219.33	2/1/2009
78262	GASTROESOPHAGEAL REFLUX STUDY	\$220.78	\$220.78	2/1/2009
78264	GASTRIC EMPTYING STUDY	\$244.48	\$244.48	2/1/2009
78267	UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS	\$10.43	\$10.43	2/1/2009
78268	UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS	\$89.40	\$89.40	2/1/2009
78270	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITHOUT INTRINSIC FACTOR	\$75.21	\$75.21	2/1/2009
78271	VITAMIN B-12 ABSORPTION STUDY (EG, SCHILLING TEST); WITH INTRINSIC FACTOR	\$75.95	\$75.95	2/1/2009
78272	VITAMIN B-12 ABSORPTION STUDIES COMBINED, WITH AND WITHOUT INTRINSIC FACTOR	\$95.22	\$95.22	2/1/2009
78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	\$276.19	\$276.19	2/1/2009
78282	GASTROINTESTINAL PROTEIN LOSS	\$18.67	\$18.67	2/1/2009
78290	INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	\$243.73	\$243.73	2/1/2009
78291	PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	\$208.63	\$208.63	2/1/2009
78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	\$152.16	\$152.16	2/1/2009
78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	\$206.39	\$206.39	2/1/2009
78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	\$230.69	\$230.69	2/1/2009
78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	\$278.77	\$278.77	2/1/2009
78320	BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)	\$257.97	\$257.97	2/1/2009
78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON	\$33.51	\$33.51	2/1/2009
78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION W	\$22.86	\$22.86	2/1/2009
78428	CARDIAC SHUNT DETECTION	\$173.00	\$173.00	2/1/2009
78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	\$139.01	\$139.01	2/1/2009
78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	\$237.70	\$237.70	2/1/2009
78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	\$168.98	\$168.98	2/1/2009
78458	VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL	\$199.12	\$199.12	2/1/2009
78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	BR	BR	1/1/1996
78460	MYOCARDIAL PERFUSION IMAGING; (PLANAR) SINGLE STUDY, AT REST OR STRESS	\$166.89	\$166.89	2/1/2009
78461	MYOCARDIAL PERFUSION IMAGING; MULTIPLE STUDIES, (PLANAR) AT REST AND/OR STRESS	\$218.24	\$218.24	2/1/2009
78464	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), SINGLE STUDY (INCLUDING	\$292.07	\$292.07	2/1/2009
78465	MYOCARDIAL PERFUSION IMAGING; TOMOGRAPHIC (SPECT), MULTIPLE STUDIES (INCLUDING	\$503.12	\$503.12	2/1/2009



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PROC	DESCRIPTION	NON FAC RATE 2009	FAC RATE 2009	EFF DATE
78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	\$163.83	\$163.83	2/1/2009
78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS	\$211.79	\$211.79	2/1/2009
78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT	\$256.11	\$256.11	2/1/2009
78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR	\$259.76	\$259.76	2/1/2009
78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION	\$365.34	\$365.34	2/1/2009
78478	MYOCARDIAL PERFUSION STUDY WITH WALL MOTION, QUALITATIVE OR QUANTITATIVE STUDY	\$67.83	\$67.83	2/1/2009
78480	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION (LIST SEPARATELY IN ADDITION	\$58.92	\$58.92	2/1/2009
78481	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT	\$236.54	\$236.54	2/1/2009
78483	CARDIAC BLOOD POOL IMAGING, (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES,	\$341.75	\$341.75	2/1/2009
78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY	BR	BR	1/1/1998
78492	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE	BR	BR	1/1/1998
78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION	\$300.61	\$300.61	2/1/2009
78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH	\$175.09	\$175.09	2/1/2009
78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78580	PULMONARY PERFUSION IMAGING; PARTICULATE	\$191.79	\$191.79	2/1/2009



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78584	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; SINGLE BREATH	\$158.94	\$158.94	2/1/2009
78585	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION; REBREATHING AND	\$313.98	\$313.98	2/1/2009
78586	PULMONARY VENTILATION IMAGING, AEROSOL; SINGLE PROJECTION	\$143.63	\$143.63	2/1/2009
78587	PULMONARY VENTILATION IMAGING, AEROSOL; MULTIPLE PROJECTIONS (EG, ANTERIOR,	\$174.60	\$174.60	2/1/2009
78588	PULMONARY PERFUSION IMAGING, PARTICULATE, WITH VENTILATION IMAGING, AEROSOL,	\$265.83	\$265.83	2/1/2009
78591	PULMONARY VENTILATION IMAGING, GASEOUS, SINGLE BREATH, SINGLE PROJECTION	\$148.70	\$148.70	2/1/2009
78593	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR	\$175.98	\$175.98	2/1/2009
78594	PULMONARY VENTILATION IMAGING, GASEOUS, WITH REBREATHING AND WASHOUT WITH OR	\$216.97	\$216.97	2/1/2009
78596	PULMONARY QUANTITATIVE DIFFERENTIAL FUNCTION (VENTILATION/ PERFUSION) STUDY	\$350.36	\$350.36	2/1/2009
78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78600	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS;	\$154.93	\$154.93	2/1/2009
78601	BRAIN IMAGING, LESS THAN 4 STATIC VIEWS; WITH VASCULAR FLOW	\$186.15	\$186.15	2/1/2009
78605	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS;	\$177.84	\$177.84	2/1/2009
78606	BRAIN IMAGING, MINIMUM 4 STATIC VIEWS; WITH VASCULAR FLOW	\$258.53	\$258.53	2/1/2009
78607	BRAIN IMAGING, TOMOGRAPHIC (SPECT)	\$337.98	\$337.98	2/1/2009



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78608	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	BR	BR	1/1/1994
78609	BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION	\$69.09	\$69.09	2/1/2009
78610	BRAIN IMAGING, VASCULAR FLOW ONLY	\$167.60	\$167.60	2/1/2009
78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$285.73	\$285.73	2/1/2009
78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$236.09	\$236.09	2/1/2009
78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$222.23	\$222.23	2/1/2009
78647	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL);	\$309.81	\$309.81	2/1/2009
78650	CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION	\$273.36	\$273.36	2/1/2009
78660	RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY	\$141.58	\$141.58	2/1/2009
78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78700	KIDNEY IMAGING MORPHOLOGY;	\$159.25	\$159.25	2/1/2009
78701	KIDNEY IMAGING; WITH VASCULAR FLOW	\$188.69	\$188.69	2/1/2009
78707	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY WITHOUT	\$227.86	\$227.86	2/1/2009
78708	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, SINGLE STUDY, WITH P	\$201.54	\$201.54	2/1/2009
78709	KIDNEY IMAGING MORPHOLOGY; WITH VASCULAR FLOW AND FUNCTION, MULTIPLE STUDIES, WI	\$307.42	\$307.42	2/1/2009
78710	KIDNEY IMAGING MORPHOLOGY; TOMOGRAPHIC (SPECT)	\$240.94	\$240.94	2/1/2009
78725	KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY	\$94.58	\$94.58	2/1/2009



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78730	URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY	\$73.01	\$73.01	2/1/2009
78740	URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)	\$168.49	\$168.49	2/1/2009
78761	TESTICULAR IMAGING WITH VASCULAR FLOW	\$184.52	\$184.52	2/1/2009
78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
78800	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF RADIOPHARMACEUTICAL	\$174.27	\$174.27	2/1/2009
78801	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$227.00	\$227.00	2/1/2009
78802	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$293.83	\$293.83	2/1/2009
78803	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$330.98	\$330.98	2/1/2009
78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRIBUTION OF	\$524.36	\$524.36	2/1/2009
78805	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; LIMITED AREA	\$174.34	\$174.34	2/1/2009
78806	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; WHOLE BODY	\$315.92	\$315.92	2/1/2009
78807	RADIOPHARMACEUTICAL LOCALIZATION OF INFLAMMATORY PROCESS; TOMOGRAPHIC (SPECT)	\$330.27	\$330.27	2/1/2009
78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE ST	\$44.06	\$44.06	2/1/2009
78811	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; LIMITED AREA (EG, CHEST, HEAD/NECK)	BR	BR	1/1/2005



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78812	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; SKULL BASE TO MID-THIGH	BR	BR	1/1/2005
78813	POSITRON EMISSION TOMOGRAPHY (PET) IMAGING; WHOLE BODY	BR	BR	1/1/2005
78814	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	BR	BR	1/1/2005
78815	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	BR	BR	1/1/2005
78816	POSITRON EMISSION TOMOGRAPHY (PET) WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPH	BR	BR	1/1/2005
78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	BR	BR	10/1/1982
79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	\$159.21	\$159.21	2/1/2009
79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	\$171.36	\$171.36	2/1/2009
79200	RADIOPHARMACEUTICAL THERAPY, BY INTRACAVITARY ADMINISTRATION	\$173.90	\$173.90	2/1/2009
79300	RADIOPHARMACEUTICAL THERAPY, BY INTERSTITIAL RADIOACTIVE COLLOID ADMINISTRATION	\$79.27	\$79.27	2/1/2009
79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS	\$228.98	\$228.98	2/1/2009
79440	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION	\$167.00	\$167.00	2/1/2009
79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	\$219.54	\$219.54	2/1/2009



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79999	RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE	BR	BR	10/1/1982
G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE	\$35.33	\$35.33	2/1/2009
G0173	LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY	BR	BR	1/1/2001
G0202	SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$127.97	\$127.97	2/1/2009
G0204	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL, ALL VIEWS	\$144.83	\$144.83	2/1/2009
G0206	DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, UNILATERAL, ALL VIEWS	\$115.64	\$115.64	2/1/2009
G0219	PET IMAGING WHOLE BODY; MELANOMA FOR NON-COVERED INDICATIONS	\$1,943.03	\$1,943.03	2/1/2009
G0251	LINEAR ACCELERATOR BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING	BR	BR	1/1/2003
G0339	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY,	BR	BR	1/1/2004
G0340	IMAGE-GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEROTACTIC RADIOSURGERY,	BR	BR	1/1/2004
Q0092	SET-UP PORTABLE X-RAY EQUIPMENT	\$14.87	\$14.87	2/1/2009
R0070	TRANSPORTATION OF PORTABLE X- RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME	\$97.93	\$97.93	2/1/2009
R0075	TRANSPORTATION OF PORTABLE X- RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING	BR	BR	3/1/1989
R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER PATIENT	BR	BR	3/1/1989